
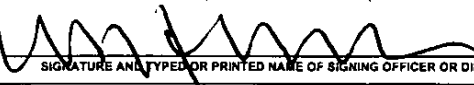


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90073 047 ****61.25

DOCUMENT # 770806 1. Entity Name MID-FLORIDA MEDICAL SERVICES, INC.					
Principal Place of Business 200 AVENUE F, NE WINTER HAVEN, FL 33881			Mailing Address 200 AVENUE F, NE WINTER HAVEN, FL 33881		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2486580	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANASTASIO, LANCE W. 200 AVENUE F, NE WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCPHERSON, CHARLES 9 CYPRESS COVE ROAD, SE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANTZLER, RICHARD 860 W LAKE OTIS DRIVE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSTICK, MARK 169 LAKE OTIS ROAD WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWAIN, BRIAN P O BOX 3096 WINTER HAVEN, FL 33885	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STRAUGHN, RICHARD 255 MAGNOLIA AVENUE SW WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VC CARTER, ROBERT C 1312 MIRROR TERRACE NW WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	309 Quails Run Pass Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VC William H. Murrell P.O. Box 832, Mountain Lake Lake Wales, FL 33859-0832	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  William H. Murrell 2/21/08 863-297-1899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40032478

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MID-FLORIDA MEDICAL SERVICES BOARD MEMBERS (continued)

<u>Name</u>	<u>Title</u>
William G. Burns P.O. Box 832, Mountain Lake Lake Wales, FL 33859-0832	D
Todd Dantzler 1601 6 th Street, SE Winter Haven, FL 33880	AS
Timothy M. Goldfarb 1600 SW Archer Road Gainesville, FL 32610	D
Don Ingram 7 Hickory Way Winter Haven, FL 33884	T
Tommy Oakley 124 Wyndham Drive Winter Haven, FL 33880	AT
Larry D. Tucker 17 Lake Eloise Lane Winter Haven, FL 33884	D